

Prepared Statement

of

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INTRODUCTION

Chairman Nelson and distinguished members of the Committee, thank you for the opportunity to discuss the role of the DoD/VA Interagency Program Office (IPO) in the on-going effort to achieve fully-interoperable electronic healthcare information sharing between the Department of Defense (DoD) and the Department of Veterans Affairs (VA). We continue to make great strides in sharing electronic healthcare information, and have plans to do even more in the near future.

The sharing of electronic health data has made significant progress in recent years. I will provide a brief historical overview of these efforts, outline some of the initiatives that form the foundation for future sharing efforts, and discuss how the IPO has successfully managed to grow into the institution that is envisioned by Section 1635 of the National Defense Authorization Act (NDAA) for Fiscal Year 2008.

HISTORICAL OVERVIEW

The Departments began laying the foundation for interoperability in 2001, when they first shared healthcare information electronically. Since that time, both Departments have continued to enhance and expand the types of information that is shared, as well as the ways in which it is shared. The following examples illustrate some of the successes of the Departments' on-going data sharing initiatives:

- The Federal Health Information Exchange (FHIE) data repository allows electronic health information to be shared on over 4.7 million separated service members.
- The FHIE allows DoD and VA providers to access and view 71 million laboratory results, 11.6 million radiology reports, 73.1 million pharmacy records, 75.8 million

standard ambulatory records, and 3.1 million consultation reports, and 2.5 million deployment health assessments for shared patients.

- The Bidirectional Health Information Exchange (BHIE) enables bidirectional real-time sharing of readable electronic health information between DoD and VA for shared patients.
- Since July 2007, BHIE data from all DoD and VA medical facilities are available to VA and DoD providers.
- As of February 2009, health data is available through BHIE for more than 3.3 million shared patients, including over 117,900 Theater patients.
- BHIE also provides bidirectional access to inpatient discharge summaries from DoD's inpatient documentation system. This capability is operational at some of DoD's largest inpatient facilities representing approximately 51 percent of total DoD inpatient beds. DoD will increase the number of sites with electronic inpatient documentation system in FY 2009.
- In addition to sharing viewable test data, DoD and VA have expanded the BHIE capability to support the sharing of digital radiology images. The Departments have expanded the BHIE Image Pilot to support the bidirectional exchange of digital images at key locations. The technical accomplishments and lessons learned from the bidirectional image pilot will be used in broader image sharing planning activities.
- Since 2006, DoD and VA have been sharing computable outpatient pharmacy and allergy data through the interface between the Clinical Data Repository (CDR) of AHLTA, DoD's electronic health record (EHR), and VA's Health Data Repository (HDR) of HealtheVet VistA. This initiative is called "CHDR".
- CHDR integrates outpatient pharmacy and medication allergy data for shared patients that is viewable by providers in both Departments. Exchanging standardized pharmacy and allergy data on patients supports better patient care and safety through the ability to conduct drug-drug and drug-allergy interaction checks using data from both systems.
- In December 2007, all DoD facilities received the capability to initiate the exchange of this data on shared patients.

By working together with the senior leadership of DoD and VA, policies have been established that enable each Department to address its unique requirements while also addressing shared requirements. This coordination has been furthered through the formation of oversight and governing bodies that ensure that information sharing efforts move in the right direction and at a pace that meets or exceeds the expectations of our stakeholders. Today, these efforts support the delivery of high-quality healthcare, continuity of care, and the administration of benefits to our servicemembers and veterans.

THE FOUNDATION FOR INTEROPERABILITY

National Defense Authorization Act for Fiscal Year 2008:

Section 1635 of the NDAA of 2008 requires DoD and VA to jointly develop and implement electronic health record capabilities that allow for full interoperability of personal health care information by September 2009. Section 1635 also requires the development of a DoD/VA Interagency Program Office (IPO) to act as a single point of accountability in the rapid development and implementation of electronic health record (EHR) systems or capabilities that allow for full interoperability of personal healthcare information between DoD and VA.

On April 17, 2008, a major milestone was met when the two Departments formed the IPO. In December, the DoD Delegation of Authority Memorandum, *Establishment of the Department of Defense/Veterans Affairs Interagency Program Office within the Under Secretary of Defense for Personnel and Readiness* was signed.

The IPO's original focus was on electronic health record (EHR) systems and other healthcare data-sharing initiatives between DoD and VA. The scope of the IPO was later

expanded by the Senior Oversight Committee (SOC) at the recommendation of the Overarching Integrated Product Team (OIPT) to include personnel and benefits electronic data-sharing. The responsibility for developing requirements and technical execution of information technology solutions remains with the respective DoD and VA organizations. Technical execution will also remain in the appropriate DoD and VA offices, using the Departments' respective established statutory and regulatory processes for acquisition, funding, management control, information assurance, and other execution actions.

The IPO oversees actions to accelerate the exchange of healthcare information between the Departments. In this capacity, the IPO is responsible for working with the Departments on joint functional activities such as supporting the definition of DoD/VA data sharing requirements, ensuring DoD/VA schedules are coordinated for the technical execution of the DoD/VA data sharing initiatives, assisting in the coordination of funding considerations, and assisting in obtaining the input and concurrence of stakeholders. Additionally, the IPO monitors and provides input on personnel and benefits electronic data-sharing initiatives between DoD and VA.

In order to provide initial staff for the IPO, an Acting Director from the DoD and an Acting Deputy Director from the VA were detailed to the IPO, along with four military personnel. In August 2009, all four of these military personnel will be retired from active duty service. In January 2009, I was appointed as the Acting Director of the IPO. Mr. Cliff Freeman is the Acting Deputy Director. The IPO's initial full staffing structure consists of two Senior Executive Service positions, fourteen DoD and VA civilian Government Service positions, and a small contingent of contracted employees (up to sixteen). Of the government positions, three VA employees and one DoD employee are now hired and working. Candidates for four of the

remaining position have been selected, and another six are in the final approval process.

Additional staffing includes the possible hiring of another six contract support personnel. Ten contracted support staff are currently working on a full-time basis at the IPO.

Governance:

The mission of the IPO will evolve over time. Currently, it provides a forum for high level coordination and guidance to ensure that full interoperability is achieved. In this role, the IPO will work in parallel with, and build upon the successes already achieved by the DoD/VA Joint Executive Council (JEC) and the Senior Oversight Committee.

The IPO receives guidance from the Secretaries of DoD and VA, and the JEC. The IPO works collaboratively with the Health Executive Council (HEC) for health related data sharing and the Benefits Executive Council (BEC) for personnel and benefits data sharing. The JEC provides leadership oversight of the HEC and BEC, as well as other councils or work groups designated by the co-chairs. If the IPO has issues that cannot be resolved at the HEC and BEC levels, we raise those issues up to the JEC.

DoD/VA Interagency Clinical Informatics Board (ICIB):

Early on, the IPO and the Departments agreed to turn to the Interagency Clinical Informatics Board (ICIB) to assist in the prioritization of DoD/VA health data interoperability initiatives. The ICIB is a professional organization comprised of clinicians from both DoD and VA. The Deputy Assistant Secretary of Defense for Clinical and Program Policy and the Chief Patient Care Services Officer, Veterans Health Administration, serve as its lead functional proponents. Through the ICIB, we enable the clinical community to define the items that must be shared by

September 2009 in order to achieve full interoperability. Once the ICIB's needs for electronic data-sharing are identified and prioritized, their recommendations are forwarded to the HEC for review and approval. Upon approval by the HEC, the list of priorities is handed off to requirements and definition teams, and then to our information technology teams to develop applications and tools to put them into operation.

STRATEGY AND PLANNING TO MEET THE INTEROPERABILITY DEADLINE

The Departments and the IPO developed two key documents to serve as guides in our on-going interoperability efforts. The DoD/VA Information Interoperability Plan (IIP) was signed September 15, 2008, delivered to Congress, and released to the Government Accountability Office (GAO). The IIP is updated and re-submitted annually. This document describes the current state of electronic data sharing between the Departments and provides the broad, strategic organizational framework for current and future work. It also establishes the scope and general milestones necessary to measure progress toward intermediate and long term goals. As capabilities become approved and funded, definitive milestones are incorporated into the DoD/VA Joint Strategic Plan (JSP). The JSP represents an effort to provide a more detailed roadmap for the Departments' interoperability goals.

Together, the IIP and the JSP provide the Departments with a clear strategy to achieve our short-term, medium-term, and long-term electronic data-sharing goals. By leveraging the prior accomplishments of the Departments toward the development of interoperable bidirectional electronic health records, efforts to achieve full interoperability of patient healthcare data are

currently on track to meet the September 2009 deadline, in accordance with the plans laid out in the IIP and the JSP.

CONCLUSION

Beyond the 2009 Target for Interoperability:

Efforts are underway to deliver full interoperability for the provision of clinical care by September 2009, and expanded interoperability capabilities beyond September 2009. However, both Departments and the IPO recognize that “interoperability” does not have a discrete end point, as technologies and standards continue to evolve. The Departments and the IPO will continue to take a leading role in the continued development of electronic health records data-sharing.

Looking ahead, the Departments believe that they are close to settling on a dramatic new approach to information sharing that takes advantage of cutting-edge developments in the IT industry to create a single virtual lifetime electronic record that captures a servicemember’s relevant health and benefits information from the time of accession to the time of burial. Through the Departments’ joint adoption of a strictly-defined set of uniform software standards, an architectural framework can be created that is capable of integrating the best software health IT systems from both the private sector and the government. This method of information-sharing has the potential to revolutionize the way that health and benefits data is shared between the Departments. Preliminary strategic-level planning for this effort is now underway.

Thank you for the opportunity to address the Committee, and to provide

you with an update on the important work that we are doing to improve and advance electronic health information sharing between the Department of Defense and the Department of Veterans Affairs. I look forward to keeping you apprised of our progress as we move forward in support of our wounded, ill and injured servicemembers, veterans and their families.